

RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 117

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH*	<u>January</u>	<u>17</u>		<u>1923</u>	
	(Month)	(Day)		(Year)	
FULL NAME	FATHER				
	<u>Homey Lowry</u>				
FULL MAIDEN NAME	MOTHER				
	<u>Katherine Lettman</u>				

I HEREBY CERTIFY that the child described herein has been named

Lowry, Philip Bryant
(Give name in full) (Surname)

Katherine A. Ball
(Parent's Signature)

(unavailable)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

738-117-265